



RC: 480133

COVENANT MICROFINANCE BANK LTD.

Name.....

Address.....

.....
Date.....

The Managing Director/CEO,
Covenant Microfinance Bank Ltd.,
Canaanland,
Ogun State.

CREDIT FACILITY APPLICATION FORM (CORPORATE)

Name of Account.....

Nature of Business:.....

Business Address:.....

Company Registration No:..... Date Of Incorporation:.....

Contact Persons Name:.....

Designation/Title:..... Telephone:.....

Bank Verification Number (BVN):.....

Email Address:.....

Directors Names

1):.....

2):.....

3):.....

Account Number(s):.....

Details of Existing Facilities:

i. Write Covenant Microfinance Bank

Amount Granted:..... Date Granted:.....

Tenor:..... Current Status/Outstanding:.....

ii. With other Banks

Amount Granted:..... Date Granted:.....

Tenor:..... Current Status/Outstanding:.....

...Transforming Ordinary Individuals Into Creators Of Wealth.

KM 10, IDIROKO ROAD, CANAANLAND, PMB 1023 OTA, OGUN STATE, NIGERIA. TEL: 01-7936628
Website: covenantmfb.com. Email: info@covenantmfb.com

Type of Facility Required:.....

Amount of Facility Required:.....

Proposed Tenor:.....

Purpose (state in detail):.....

Repayment Plan:.....

Repayment Source:.....

Security Being Offered:.....
.....
.....

Applicant's Declaration: We:..... agree

and declare on behalf of.....

that:

- The information provided in this application is complete and correct in all respect.
- The bank may inquire about me/us with any third party including an employer, another bank, credit bureau or agency as it relates to this facility.
- The bank may exchange my credit information with credit bureaux.
- The approval based on the application is at the banks sole discretion.
- The facility shall be used for the purpose of specified and all shall be subject to terms and conditions provided by the bank. We shall abide by it including the amendment thereto from time to time at the sole discretion of the bank.
- All costs associated with processing of this loan application shall be on our account.
- The bank may debit our Account to recover outstanding interest costs and expenses.
- We have no borrowing arrangement with any bank except as indicated in this application.

NAME OF ORGANIZATION IN FULL:

.....

AUTHORISED SIGNATORIES & DATE

1).....

2.).....

3.).....



RC: 480133

GUARANTEE AND INDEMNITY IN FAVOUR OF COVENANT MICROFINANCE BANK LTD

Guarantors are hereby notified that any false declaration on this form may lead to immediate stoppage of further drawing under the facility but will not in any way relieve the guarantor of his/her responsibility under this guarantee and indemnity.

I/we in consideration of

Surname Other names

the credit facility of N..... being considered to be granted to, or being enjoyed by(customer) for carrying on business in the name of..... hereby guarantee the repayment of the principal loan of N..... and total interest/charges on the loan as may accrue from time to time and indemnify Covenant Microfinance Bank Ltd fully for all loss or losses in this respect.

PARTICULARS OF GUARANTOR:

(Please Complete in Block Letters)

Office Address:

Profession, Designation:.....

Business Name/Address:..... Phone Number:.....

Residential Address:.....

E-mail:..... Name of Banker:.....

Account Number:.....

Relationship with Applicant:.....

OBLIGATION

I/We affirm that the applicant has brought to my/our notice his/her commitment to Covenant Microfinance Bank Limited under a loan/advance of N.....

which is to be paid back in days/months wherefore in this respect I/We

hereby agree as follows:

1. I hold myself responsible for his/her misconduct whatsoever in respect of this facility.
2. I hold myself responsible to produce him/her as may be required any time.
3. That in the event of his/her inability to pay; I will pay the total amount due including all accrued interest to date on demand made by Covenant Microfinance Bank Ltd or its authorized representative.
4. I/We further irrevocably indemnify Covenant Microfinance Bank Ltd for the amount involved plus accrued interest and other cost associated with realisation of the facility.
5. I/we agree that the bank shall be free to exercise the right of set-off on any of my account(s) with her in case of default on the part of the primary debtor.

Dated this day..... of 20

Signature of Guarantor/Indemnifier..... Date.....

Signature of witness:..... Date.....

Name of witness:.....

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